

FOR OFFICE L	JS	E	O	NL	Υ.
Permit Number					

Retailer Merchant Certificate Number

Name of Applicant				
Address (Number Street)				
City	State		Zip Code	
Address / Location of Temporary Stand				
City .	State	-	Zip Code	
County	Township		Date of Issue	
Name of Fire Department of Jurisdiction				
Address of Fire Department of Jurisdiction (Number, Street)		-		
Signature of Indiana State Fire Marshal		Signature of Applicant		